

NATIONAL GUARD BUREAU (ARNG-HRH-A)

111 SOUTH GEORGE MASON DRIVE

ARLINGTON, VA 22204-1382

Purple Heart CHECKLIST

DATE: _____ RANK: _____ STATE: _____ Date of Incident _____

NAME: _____ LAST FOUR: _____

Soldiers Email/Phone# _____

REQUIRED DOCUMENTS:

- ☐ DA FORM 4187
- ☐ DA FORM 4187-1-R or MEMO ENDORSING REQUEST (CDR - GO)
- ☐ DD FORM 214
- ☐ DEPLOYMENT ORDERS
- ☐ ONE PAGE NARRATIVE
- ☐ * CHRONOLOGICAL RECORD OF MEDICAL CARE (SF-600)
- ☐ ** AUDIOGRAM (Hearing Test) 1-Prior / 1-Post
- ☐ CASUALTY FEEDER/INCIDENT REPORT
- ☐ ERB/ORB/DA 2-1/PQR
- ☐ TWO OR MORE EYE WITNESS STATEMENTS (Other than recommended Soldier)

* Note: SF-600 must reference the date of injury

** Note: If applying for PH due to hearing, must contain both (PRE & POST) Audiogram.

SUPPORTING DOCUMENTS:

- ☐ SITUATION REPORT (SITREP OR SIR)
- ☐ VALOR AWARD
- ☐ OFFICIAL UNIT REPORT
- ☐ SPOT REPORT
- ☐ LOG SHEET

*****NGB USE ONLY*****

Reviewer _____ Concussion Related: YES / NO Date _____ RWOA

Date _____ FWD to HRC

1. Packet has been reviewed and is being forwarded to AHRC for final deposition.
2. Request the final award determination be forwarded through this office for tracking purposes, and to allow for the proper coordination with the State Adjutant General.

COMMENTS: